

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 368 069

FILING DATE

2.13.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3						
4	3		/			
5	3		/			
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
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50						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.	←	23	←	←	←	
TOTAL CLAIMS		24				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			
TOTAL DEP.	←	23	←	←	←	
TOTAL CLAIMS		24				